



stqa?kw4n4w` t Westbank First Nation 2019-2021 WFN Youth Council Application

The Youth Council shall be composed of 8 WFN Members, 4 females and 4 males, between the ages of 15 to 25. In order to be eligible to serve on the WFN Youth Council a person must;

- Qualify as a WFN Member under the WFN Constitution and be between the ages of 15-25yrs
- Be of good character, credibility, and reputation; and
- Be subject to a satisfactory criminal records check with vulnerable sector search, paid for by the WFN HR Department.

The Term of each WFN Youth Council Member shall be upto three years commencing from the date of appointment, or until his or her twenty-fifth birthday.

Application Form

First Name:	Last Name:
Birth Date:	Male/Female
Address:	
School:	Grade:
Favorite Subjects: _____ _____	
Home Phone:	Cell Phone:
Medical #:	Medical Info:



Parent/Guardian Name:	Cell Phone:
Emergency Contact:	Phone Number:
A list of Personal Achievements: ie: awards, public speaking, leadership class, cultural openings;	
Hobbies, Interests & Activities:	
Please list any extracurricular activities you take part in; Include employment, sports, community, school etc.	
What are the three most important issues to you concerning your neighborhood, school, and/or community?	
1. _____	

2. _____	

3. _____	

What personal skills and characteristics do you possess that would make you a good representative?	



If you are applying for reappointment to the Youth Council, describe your involvement and contributions to the Youth Council;

Required by the applicant; The Name and signature of **3 nominators, 2 of whom must be a WFN Youth between ages of 15-25 and 1 WFN Elder*

1 st	
2 nd	
3 rd	

Name of Nominator	Signature	Date
--------------------------	------------------	-------------

I _____, acknowledge and agree that I am the parent or other legal guardian of _____ and I agree to permit the child to attend the **WFN Youth Council** and to take part in the corresponding activities. I further agree to release and forever discharge the Westbank First Nation, its affiliated corporations, officers, employees, servants, agents, heirs, successors and assigns from all liability for any and all loss or damage and any claim or demands therefore on account of injury to the child or child's property and whether cause by the



negligence of the WFN or otherwise. I assume full responsibility and risk of bodily injury, death or property damage associated with the program, whether due to negligence of the WFN or otherwise. I hereby agree to indemnify and hold harmless the WFN from any and all claims, actions, liabilities, complaints, damages and otherwise arising from the child's participation in the program, including any remedies which may subsist in law, equity or under legislation. I give permission for my child/children to be photographed/ recorded during the program with the purpose of documenting group activities and/or for promoting the WFN Youth Leadership Program and other WFN youth programs.

Are you willing to attend meetings, events and activities of the Youth Council for 1-3years and commit to make a difference in our community?

Yes:_____ **No:**_____

Youth Council Applicant Signature (printed) Date

Parent or Guardian Permission (printed) Date

Signature (if youth is under the age of 18yrs) Date

Return to:

Youth/Recreation Department Manager
1880 Quail Lane,
Westbank, BC V4T 2H3